

# Request for Online Data Collection (OLDC) Access

## Instructions

To request a new OLDC account or to add additional permissions to an existing account, please complete the OLDC Request Form on the following page. When complete, e-mail or fax the form to your ACF Grants Office. Account information (ID and Password) is automatically e-mailed to the new user.

## Helpful Hints

Save and name the completed form to be returned as an e-mail attachment. To submit multiple requests, save each completed form as its own file name. Attach saved files to an e-mail message addressed to your ACF Grants Officer. ACF no longer accepts ZIP files.

## List of Job Types

ACF Staff	Grant Partners
<b>C/O Grants Officer</b> - All grant information from the Central Office Grants Specialists is reviewed by a Central Office Grants Officer. Central Office Grants Officers have the authority to review and approve the grant information of a specific program.	<b>Grant Administrator</b> - Person responsible for assigning roles to staff members working with a specific program or grant. May also create new users for their organization. The Grant Administrator is assigned all roles available to non-federal customers.
<b>C/O Specialist</b> - Receives Recommendations from the Regional Grants Officers and prepares the grant for the Central Office Grants Officer.	<b>Data Entry Person</b> - Person responsible for entering grant report data into OLDC. The Data Entry Person is able to create and edit grant reports by default. Additional roles may be given, including Certify, Submit, and Unsubmit.
<b>R/O Grants Officer</b> - The authority to review and approve the grant information of a specific grantee within a particular region.	<b>Authorized Official</b> - Person directly involved in the processing of the grant. This might be a Financial Officer (FO) in charge of budgeting the grant, or a member of an audit team. An Authorized Official has view-only and Certify roles by default. Additional roles such as Submit may be assigned to the Authorized Official.
<b>R/O Specialist</b> - The authority responsible for processing the grant information of a specific grantee within a particular region.	<b>Grant Director</b> - Manager of the grant recipient. The default roles are View-only and Certify. The Grant Director may be given other available permissions if required.
<b>View-Only</b> - Read and print report forms, but cannot perform any action such as data entry.	<b>View-Only</b> - Read and print report forms, but cannot perform any action such as data entry.

## List of Roles

Roles	Role Abbreviation	Roles	Role Abbreviation
Certify with Signature Authority	C	Delete Grant Form†	DF
Director Signature Authority	D	Revise Submitted Grant Form†	RF
Submit Grant Form*	S	Export Files from OLDC†	EX
Unsubmit Grant Form*	US	Import Files to OLDC†	IM
Add File Attachments†	AA	RO Acceptance**	RA
Create New Grant Form†	CF	CO Acceptance**	CA
Edit Existing Grant Form†	EF		

\*These additional roles must be assigned to at least one person per Grant.

\*\* ACF Staff Only

†These roles are automatically assigned to the Data Entry Job Type.

If you have any questions about completing this form, please contact your ACF Grants Office, or send e-mail to [app\\_support@acf.hhs.gov](mailto:app_support@acf.hhs.gov).

## Security Considerations

**ALWAYS PROTECT SENSITIVE UNCLASSIFIED INFORMATION:** Sensitive information requires protection from inappropriate disclosure, alteration and loss.

**UNAUTHORIZED REPRODUCTION OF COPYRIGHTED SOFTWARE IS AGAINST THE LAW:** Failure to comply may result in fines up to \$10,000.00 and 10 years imprisonment. Some software is export controlled and should not be sent or used outside of the U.S. All software provided by ACF is the property of ACF and shall not be copied, transferred or distributed.

**WARNING!** You are being granted access to a U.S. Government computer system. Access is granted for official use only. Misuse or unauthorized use of this computer system is prohibited under Title 18 U.S.C.

# OLDC Request Form

## PERSONAL INFORMATION

First Name:	_____	Middle Initial:	_____
Last Name:	_____		
Title*:	_____	Phone Number:	_____
Street Address:	_____	State:	_____ Zip: _____
E-Mail Address:	_____		
Browser Name (e.g. Internet Explorer, Netscape, Firefox):		Browser Version (e.g. 4.0.1):	

*\*Required for person with the role Certify with Signature Authority*

Person Type (Please select one): ☐ Federal (ACF Federal Staff) ☐ Contractor (ACF Contractor) ☐ Non-Federal (Grantee Staff)

Do you currently have an OLDC account? ☐ Yes ☐ No

For which State(s)/Territory(s)/Tribe(s)/Grant do you need access?

Do you need access to all EINs associated with the State(s)/Territory(s)/Tribe(s)/Grant? ☐ Yes ☐ No

If No, please specify the necessary EIN(s): \_\_\_\_\_

Are you replacing someone or taking on responsibilities previously assigned to a co-worker? ☐ Yes ☐ No

If Yes, please complete the contact information for that person below:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Programs:	Forms:	Job Type: (One Per Program)	Additional Roles:	Primary * Contact:	E-Mail Notification upon Submit and Unsubmit:
	<input type="checkbox"/> All			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Specific Forms:</b>				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	<input type="checkbox"/> All			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Specific Forms:</b>				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	<input type="checkbox"/> All			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Specific Forms:</b>				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				
	Form Name(s):				

\* **Primary Contact** must be checked for someone who needs the Certify capability.

## ADDITIONAL INSTRUCTIONS